

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed	N FEE (if required). Bl ntenance fees will be m	E FEE and PUBLICATION F ders and notification of mainte) specifying a new corresponde	smitting the ISSUI Patent, advance ord in Block 1, by (a)	n should be used for tran espondence including the	NSTRUCTIONS: This for oppropriate. All further condicated unless corrected l
transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be complete the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence adwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRE	ndence address; and/or	, -p , g	. • • •	s.	aintenance fee notification
1 for any change of address) Note: A certificate of mailing can only be used for domestic mailing	A certificate of mailing	Note: A	any change of address)	ADDRESS (Note: Use Block I for	CURRENT CORRESPONDENCE
Note: A certificate of mailing can only be used for domestic mailing Fee(s) Transmittal. This certificate cannot be used for any other accompapers. Each additional paper, such as an assignment or formal drawing have its own certificate of mailing or transmission.	. Each additional paper,	papers. E			
·	s own certificate of mail				30743 75
OFFERSON P.C. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an eaddressed to the Mail Stop ISSUE FEE address above, or being for transmitted to the USPTO (703) 746-4000, on the date indicated below	Certificate of certify that this Fee(s) Postal Service with sufficed to the Mail Stop I	I hereby of States Pos addressed	FERSON, P.C	RTIS & CHRISTOF LLS ROAD	WHITHAM, CU 11491 SUNSET H SUITE 340
transmitted to the USPTO (703) 746-4000, on the date indicated below (Deposit	itted to the USPIO (703	transmitte	AMIN Nº 1 2005		RESTON, VA 201 3/2005 NBEYENE2 000
2 41)		ربع ا	-400H 0 2003	IŠ.	
Te Passing Rectangle			TO ADEMARK OF	-··	C:1501 1400.00 C:1504 300.00
FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION	ATTOR	FIRST NAMED INVENTOR	MUEWIN	FILING DATE	APPLICATION NO.
Kathryn K. Lam YOR9-2000-0045 5168	YO	Kathryn K. Lam		12/12/2000	09/733,946
ISSUE PRE DIDITION FEE TOTAL PERON DIE DATE DUE	TION FEE TOT	DIDITO MICA	. legite er	CMALL ENTITY	ADDIN TVDE
ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$1400 \$300 \$1700 07/06/2005			L	SMALL ENTITY NO	APPLN. TYPE
\$1400 \$300 \$1700 07/06/2005	00	\$300	\$1400	NO	nonprovisional
	JBCLASS	\$300 IT CLASS-SUBC	\$1400 ART UNI	NO NER	
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 f "Fee Address" (37 2. For printing on the patent front page, list & Christofferso	JBCLASS 08000 ent front page, list	\$300 CLASS-SUBC 705-0080 2. For printing on the patent	\$1400 ART UNI 3623	NO NER	nonprovisional EXAM JEANTY, Change of correspondence
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 f "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys	JBCLASS 08000 ent front page, list registered patent attorne	\$300 CLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg	\$1400 ART UNI 3623 ee Address" (37	NO NER ROMAIN address or indication of "Fornce address (or Change of	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspondence
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2) Stephen, C. Kauf	JBCLASS 08000 ent front page, list registered patent attorney,	\$300 CLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively,	\$1400 ART UNI 3623 ee Address" (37 Correspondence	NO NER ROMAIN address or indication of "Fornce address (or Change of 2) attached.	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2) Stephen, C. Kauf	JBCLASS 08000 Int front page, list registered patent attorne y, firm (having as a member nt) and the names of up yys or agents. If no name	\$300 CLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys	\$1400 ART UNI 3623 ee Address" (37 Correspondence	NO NER ROMAIN address or indication of "Fornce address (or Change of	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is 2 registered patent attorneys or agents. If no name is 3 tephen, C. Kauf	JBCLASS 08000 Int front page, list registered patent attorne y, firm (having as a member nt) and the names of up yys or agents. If no name	\$300 CLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys listed, no name will be printe	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer	NO NER ROMAIN address or indication of "Fornce address (or Change of 2) attached. on (or "Fee Address" Indication of "Fee Address" attached. Use	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 Tee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 e of Correspondence of Corre	JBCLASS 08000 ent front page, list registered patent attorne y, irm (having as a member int) and the names of up eys or agents. If no name inted.	\$300 CLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys listed, no name will be printe HE PATENT (print or type)	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer	NO NER ROMAIN address or indication of "Fornce address (or Change of 2) attached. on (or "Fee Address" Indicate more recent) attached. Use	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 TFee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. TO BE PRINTED ON THE PATENT (print or type)	JBCLASS 08000 Int front page, list registered patent attorne y, irm (having as a member int) and the names of up eys or agents. If no name inted. It an assignee is ide ignment.	\$300 TCLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys listed, no name will be printe THE PATENT (print or type) data will appear on the patent. Ta substitute for filling an assign	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee cof this form is NOT	NO NER ROMAIN address or indication of "Former address (or Change of 2) attached. on (or "Fee Address" Indication of "Fee Address" Indication of the control of the con	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 TFee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. TO BE PRINTED ON THE PATENT (print or type) and below, no assignee data will appear on the patent. If an assignee is identified below, the document has been clien of this form is NOT a substitute for filing an assignment.	JBCLASS 08000 Int front page, list registered patent attorne y, irm (having as a member int) and the names of up rys or agents. If no name inted. It an assignee is ide ignment.	\$300 TCLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys listed, no name will be printe HE PATENT (print or type) data will appear on the patent. a substitute for filing an assign (2) RESIDENCE: (CITY and STA	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee cof this form is NOT (B)	NO NER ROMAIN address or indication of "Former address (or Change of 2) attached. on (or "Fee Address" Indicate more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 Tee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. TO BE PRINTED ON THE PATENT (print or type) and below, no assignee data will appear on the patent. If an assignee is identified below, the document has been also of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)	JBCLASS 08000 Int front page, list registered patent attorne y, irm (having as a member int) and the names of up rys or agents. If no name inted. Int. If an assignee is ide ignment. STATE OR COUNTRY) LONK, New York	\$300 TCLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys listed, no name will be printe HE PATENT (print or type) data will appear on the patent. a substitute for filing an assign (2) RESIDENCE: (CITY and STATE (2) Armore	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee c of this form is NOT (B)	NO NER ROMAIN address or indication of "Former address (or Change of 2) attached. on (or "Fee Address" Indication of recent) attached. Use the same assignee is identified be 37 CFR 3.11. Completion of E Business Machinery (Company of the same assignee) attached to the same assignee is identified be 37 CFR 3.11. Completion of E	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 TFee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI International
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. O BE PRINTED ON THE PATENT (print or type) and below, no assignee data will appear on the patent. If an assignee is identified below, the document has been a sign of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)	JBCLASS 08000 Int front page, list registered patent attorne y, irm (having as a member int) and the names of up rys or agents. If no name inted. Int. If an assignee is ide ignment. STATE OR COUNTRY) LONK, New York	\$300 TCLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys issted, no name will be printe THE PATENT (print or type) data will appear on the patent. a substitute for filing an assign RESIDENCE: (CITY and STARTALL) RESIDENCE: (CITY and STARTALL) TRAILION Armore	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee of of this form is NOT (B) Lines Corporations (B) Lines Corporations (Will not be printed)	NO NER ROMAIN address or indication of "Former address (or Change of 2) attached. on (or "Fee Address" Indication of "Fee Address" Indication of the control of the con	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 Tee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI International case check the appropriate The following fee(s) are
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 e of Correspondence of Corre	JBCLASS 08000 Int front page, list registered patent attornery, irm (having as a member int) and the names of up tys or agents. If no name inted. Int. If an assignee is idealignment. STATE OR COUNTRY) HONK, New York dividual Corporation	\$300 TCLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys listed, no name will be printe THE PATENT (print or type) data will appear on the patent. a substitute for filing an assign (1) RESIDENCE: (CITY and STARTATION Armore named on the patent): Individual properties of the patent	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee c of this form is NOT (B) Lines Corporation (B) ines (will not be printed)	NO NER ROMAIN address or indication of "Former address (or Change of 2) attached. on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of E Business Machinassignee category or catego inclosed:	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 Tee Address 'indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI International case check the appropriate The following fee(s) are Issue Fee
\$1400 \$300 \$1700 07/06/2005 ART UNIT CLASS-SUBCLASS 3623 705-008000 If "Fee Address" (37 c) or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent). If no name is listed, no name will be printed. OBE PRINTED ON THE PATENT (print or type)	JBCLASS 08000 Int front page, list registered patent attorner by, limm (having as a member of up the sys) or agents. If no name on the names of up the sys or agents. If no name inted. Int. If an assignee is idealignment. STATE OR COUNTRY) HONK, New York dividual Corporation of the fee(s) is enclosed. Form PTO-2038 is attac	\$300 TCLASS-SUBC 705-0080 2. For printing on the patent (1) the names of up to 3 reg or agents OR, alternatively, (2) the name of a single firm registered attorney or agent) 2 registered patent attorneys listed, no name will be printe THE PATENT (print or type) data will appear on the patent. a substitute for filing an assign (1) RESIDENCE: (CITY and STATE of the patent of the payment by credit card. For	\$1400 ART UNI 3623 ee Address" (37 Correspondence ation form e of a Customer E PRINTED ON T elow, no assignee c of this form is NOT (B) ines Corpon ries (will not be printed)	NO NER ROMAIN address or indication of "Former address (or Change of 2) attached. on (or "Fee Address" Indication of "Fee Address" Indication of the control of the con	nonprovisional EXAM JEANTY, Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/12 Tee Address 'indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI International case check the appropriate The following fee(s) are Issue Fee

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Marshall M. Curtis

04/27/2005 Date

33,138

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.